

SERVICE AUTHORIZATION BETWEEN TENANTS

TO: NW Natural

This authorizes gas service to be left on in my name between tenants at:

 (Service Address) (City) (State)

 (Account Number, if known) Effective Date: _____

By my signature, I understand that I am responsible for payment of the natural gas billings incurred at the above address after a tenant moves out, and until a new tenant requests billing in their name. If the service account becomes past due, NW Natural may revoke this authorization without prior notice and enforce its collection policy. I also understand that in order to cancel this authorization, I must notify NW Natural. If I sell the above-named property, it is also my responsibility to notify the company in writing in order to cancel this authorization.

Please complete the following:

Responsible Party (please print): _____
 (First) (M.I.) (Last)

If Applicable, Property Manager: c/o L. MOORE PROPERTY MANAGEMENT INC

Mailing Address: 14511 WESTLAKE DRIVE #250

City, State, Zip: LAKE OSWEGO, OR 97035

Phone Nos.: _____ 503-639-4478
 (Work) (Home) (Property Manager)

Social Security No. _____ Tax ID No. If Property Manager _____

Signature of Responsible Party: _____